## LOBBYIST ANNUAL REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

Page 1 of 1 Page(s) THIS SPACE FOR OFFICE USE ONLY 07 FEB 15 AM 10: 58

STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page	Amended *				
Lobbyist's name and permanent business address	Date prepared	Period covered  7 year ending			
Multi-State Associates, Inc. for Community Financial	ļ				
Services Ass'n of America	2/15/07	(Mo.)	(Day)	(Yr.)	
515 King Street #300 Alexandria, VA 22314		12	31	06	
Item Totals of all reportable expenditures made or incurred by	Lobbyist or by Lobbyist's Employer on beha	alf of Lobbyis	t's Emplo	<u>.                                    </u>	

Category of Expenditure cimbursed Personal Living and Travel speases Pertaining to Lobbying Activity	* Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)				
Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4	
Entertainment Food and Refreshment	\$56.28	\$56.28	\$	\$	s	
Living Accommodations				l ————		
Advertising						
Fravel .						
[elephone			<u></u>			
Other Expenses or Services						
Total	\$56.28	s56.28	\$0.00	\$0.00	\$0.00	

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Items

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Date

Place

Amount

Names of Legislators & Public Officials in Group

Continued on attached page(s) Employer(s) Name(s) and Address(es) INSTRUCTIONS No.1 Multi-State Associates, Inc. for Community Who should file this form: Any lobbyist registered under Section Financial Services Ass'n of America 67-6617 Idaho Code. No.2 515 King Street #300 Filing deadline: Annual report is due on January 31st. Alexandria, VA 22314 TO BE FILED WITH: Ben Ysursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No.4 Phone: (208) 334-2852 Fax: (208) 334-2282

tenn 4				byist or by the lobbyist's en lator, or for or on behalf of		er in the nature of contributions gislator.	ot mor	ney or other tangible or intang	
	Date Amount			Nume of Logislator Receiving or Benefited					
tem 5	or Ho	Subject matter of proposed logislation, the number of the Sensit or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.  Code Bill, Resolution or Other   Appropriation Bill Number		legislative activity in which	Code 01	LEGISLATIVE SUE Subject Agriculture, horticulture,		CT IDENTIFICATION  de Subject  7 Health service, medicine, drug	
rom t	table)	Logislat	ive Ident, Number	and Section Number	02	farming, and livestock Amusements, games, athletics and sports	18	and controlled substances, healt insurance, hospitals Higher education	
					03	Banking, finance, credit and investments	19	Housing, construction, codes Insurance (excluding health	
					04	Children, minora, youth, senior citizens Church and religion	21	insurance) Labor, salaries and wages, collective bargaining	
					06	Consumer affairs Ecology, environment, pollution, conservation, zoning, land and	22 23	Law enforcement, courts, judges, crimes, prisons License, permits	
					08	water use Education	24 25	Liquor Manufacturing, distribution and	
					10	Elections, campaigns, voting, political parties Equal rights, civil rights,	26	services Natural resources, forest and forest products, fisheries, minin	
					11	minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27 28	and mining products  Public lands, parks, recreation  Social insurance, unemploymer insurance, public assistance,	
					12 13 14		29	workmen's compensation Transportation, highways, streets and roads	
					15 16	Government, special districts Government, state	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
						Lobbyist signature	Lul espo	Muer 2/15/07	
						Employer No. 1 signature		/byeter Date	
						Employer No. 2 signature		Date	
				above is a true, complete and		Employer No. 3 signature		Date	
DCI \$1	unemee	N 35 8000	CONTROL WIND SOCIO	1 67-6624 Idaho Code.		Employer No. 4 signature		Dete	